

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036834

STATE FILE NUMBER

Registration District No. 388

Primary Registration District No. 3039

Registrar's No. 461

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0581

20210

3

4 1

5 2

6

7 0

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9 181.0

10

11

12 86-0

13 2-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY LINN

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN MARCELINE

Length of stay in 1b
2 month

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION BUNTON NURSING HOME

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CHARITON

c. CITY OR TOWN BRUNSWICK

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
216 S. ORANGE

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
EMMA ELLEN WAHL

4. DATE OF DEATH
Month Day Year
SEPT. 14 1963

5. SEX
FEMALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
2-7-1895

9. AGE (last birthday)
68

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY
AT HOME

11. BIRTHPLACE (City and state or country)
DEWITT, MISSOURI

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

GEORGE WILLIAMS

13b. MOTHER'S MAIDEN NAME

ARZELLA CARTER

14. NAME OF HUSBAND OR WIFE

ROY WAHL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

56

17. INFORMANT

Mrs Roy Lee, Brunswick Mo

Address

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinoma of Bladder & metastases

DUE TO (c)

Metastatic Pelvic and possibly chest.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Radiation Burns of Intestines - malnutrition

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 1963 to Sept. 1963 and last saw her alive on Sept 1, 1963
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

George J. Ryan

22b. ADDRESS

Marceline Missouri

22c. DATE SIGNED

9-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

SEPT. 16, 1963

23c. NAME OF CEMETERY OR CREMATORY

ELLIOTT GROVE

23d. LOCATION (City, town, or county)

BRUNSWICK, MISSOURI

24. FUNERAL DIRECTOR

HEISEL & KOCH F.H., BRUNSWICK, MO. 9-16-63

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Anna Watkins

10-20-70

SEP 27 1963

10-20-70

1
8
0
0

10-20-70

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William K. Tillatson

Licensed Embalmer No. 4508

P. O. Address Marceline, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.